

THE CHIRONIAN

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THE CHIRONIAN

"In Essentials, Unity; In Non-Essentials, Liberty; In All Things, Charity."

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The Endochrinic Glands in Obstetrics.*

BY

PHILIP C. THOMAS, CLASS OF 1899,

Visiting Physician to Hahnemann Hospital, New York City.

IT is only within the past few years that we have begun to comprehend the pronounced effects of the secretions of the endochrinic glands upon body function. They have a fundamental relation to body growth, general metabolism, sexual activity, blood pressure, and temperament.

Through the vegetative nervous system these glands are stimulated as the demands of the body require. They do not do their work individually but there is an interdependency, a co-operation, and various antagonisms, which render their action involved and complex. The study of this subject is not a simple matter and much remains to be proved; nevertheless, it is an enticing field for speculation, and there is enough known to enable us to rely upon certain of these hormones in the correction of several pathological conditions. Further study and clinical experience will no doubt reveal a still wider scope for their use.

Obstetrics particularly invites the use of these various hormone-

*Read before the New York Homeopathic County Medical Society, Dec. 14, 1916.

producing glands and tissue juices of the body. Pregnancy stimulates the ductless glands to an increased growth and function. This hyperfunction brings about many of the characteristic changes in the physiology of the pregnant woman. The so-called auto-protective system—the thyroid, parathyroids, adrenals, and pituitary, develop a very necessary resistance against the various toxemias and infections of pregnancy.

Sajous says (*N. Y. Med. Journal*, Feb., 1909, p. 362): "It is the adrenal secretion which, after absorbing oxygen from the pulmonary air and being taken up by the red corpuscles, supplies the whole organism, including the blood with its oxygen." *Ibid.* p. 364. "The pituitary, like the adrenals, influences general oxidation and temperature and also general metabolism and nutrition." *Ibid.* p. 367. "The thyreo-parathyroid constituent of the hemoglobin enhances oxidation by increasing, as a ferment, the inflammability of the phosphorus which all cells, particularly their nuclei, contain." "All pathogenic elements in which phosphorous is present—bacteria, their toxins or endotoxins, toxic wastes, etc.—are similarly influenced by the thyroid product acting as opsonin or agglutinin; they are thus rendered more vulnerable to the digestive action of the plasmatic and phagocytic complement."

The lack of this increased activity normal to pregnancy or the over-supply of any hormone, produces much of the pathology of pregnancy. The pineal and thymus glands are supposed to be antagonistic to the gonads. Their atrophy at the time of puberty removes this inhibition, and we get the symptoms of incipient sexual activity. A premature atrophy brings a sexual precocity and a late atrophy postpones puberty. With puberty the ovary becomes active, and it in turn has a stimulating effect upon the uterus and mammæ.

The corpus luteum of pregnancy increases in size for about thirteen weeks after conception. Its hormones prepare the mucus membrane of the uterus for the reception of the ovum by changing it into decidua, prevent further ovulation and lessen the chance of abortion by aiding in the implantation of the ovum and the formation of the placenta. The increased mammary development, and the added growth of the genitalia at this time are also due, in part, to this lutean activity.

For therapeutic purposes the corpus luteum is applied more frequently in gynecological rather than in obstetrical practice, being most useful in the control of the symptoms of the natural and artificial menopause. Theoretically, it should be useful in preventing miscarriage due to a deficient preparation of the mucous membrane of the uterus. Ellis McDonald says he has found it "indicated after operations on pregnant women where miscarriage is feared; this being particularly true in the early weeks of pregnancy during the embedding of the ovum, as it has been shown experimentally that corpus luteum has a definite effect under such circumstances." It has been found by experiments upon goats that both corpus luteum and thymus markedly increase the quantity of milk. Therapeutically, its use has been superceded by pituitary extract. Corpus luteum has also been recommended for the uncontrollable vomiting of pregnancy.

J. L. Chirea (Gynak. Rendslau, M. 19, 1912) writes: "It has been assumed that one of the functions of the corpus luteum included an antidotal action to the poison elaborated by the decidual villi," and he recites a case of uncontrollable emesis which came to autopsy in which there was a cystic degeneration of the corpus luteum. The latest word in regard to the use of corpus luteum extract is by Dr. John Cooke Hirst in an article in the *Journal of the American Medical Association* of Dec. 16, 1916: "One-third of a grain of soluble corpus luteum powder in sixteen minims of physiologic salt solution saturated with chlorbutanol for its local anesthetic effect" is given hypodermatically. He reports favored results in twenty-one out of twenty-five consecutive cases. As corpus luteum increases thyroid activity, perhaps its beneficial effect is due to increased oxidation—one of the functions of the thyroid.

The thyroid is normally hyperactive in pregnant women. Williams reports the investigation of Lange, in 1899, who found the thyroid enlarged in 108 out of 133 women in the last months of pregnancy. Out of these 25 cases of hypothyroidism 18 had an albuminuria. There is a similar stimulation of the parathyroids which seem to co-operate with the thyroids. The thyroid stimulates the adrenals, and it is claimed that during pregnancy there is ten times more adrenalin in the blood than normally. The pituitary gland is also hypertrophied and acts in co-operation with

the thyroid, adrenals and pituitary, stimulating the genitalia and mammae, and in general creating a greater oxidation throughout the body and protecting it against the increased liability to toxemia during pregnancy.

The exhibition of thyroid gland, according to Vassale and Generali, serves to activate metabolism. This is quickly shown by the urinary secretion, both the quantity and total solids being increased. When the nitrogen elimination shows a high ammonia coefficient, thyroid is particularly indicated. Early in pregnancy it will often relieve the nausea and vomiting and will later ward off toxic conditions and, by preserving the functions of the liver and kidneys, prevent an impending eclampsia. William Pfeifer (*Am. Journal of Obstetrics*, 1913) says that the administration of small doses of thyroid extract throughout pregnancy has produced healthy babies after several disasters. It has been shown also that thyroid extract not only corrects the acidosis of toxemia but relieves the symptoms by aiding in nitrogen metabolism.

Ward (*Surg. Gynec. and Obs.*, Dec., 1909), writes: "When there is failure of the normal hypertrophy of the thyroid gland during pregnancy, and when there is a diseased thyroid as in Graves' disease, the administration of thyroid substance, by supplying the deficiency of the normal thyroid secretion and by its diuretic action, may materially improve a faulty metabolism and give a favorable influence upon the manifestation of pregnancy." Thyroid has been used successfully in cases of sterility due to hypothyroidism. These patients get fat, inert mentally and physically, and indifferent sexually. The sexual organs are undeveloped and menstruation lacking or scanty. Depressed mental states in pregnancy are also greatly improved by the administration of thyroid.

Vassale is enthusiastic in his advocacy of parathyroid in eclampsia, and this can be used in conjunction with thyroid in serious cases. In prescribing thyroid we are at the same time stimulating adrenalin secretion. Sajous, as previously stated, attributes to adrenalin the role of activator, of oxidation, metabolism, and nutrition. Its place as a remedy in obstetrics for shock, collapse, hemorrhage, and intestinal stasis has been taken by pituitrin.

The hypertrophy of the anterior lobe of the infundibulum may

account for the non-edematous enlargement of the features often observed in pregnancy. The extract from a posterior lobe is a most useful remedy because of its property of stimulating the unstriated muscles of the body, especially the uterus. The action seems to be a direct one, not necessarily using the sympathetic nervous system for its effect. This secretion or hormone may be one which nature uses for precipitating labor. As an oxytocic its position is thoroughly established. It is also useful as a galactagogue in shock, in hemorrhage, and to overcome intestinal atony and retention of urine. It is the best remedy for post-delivery sub-involution. In secondary inertia, with relaxed soft parts and a roomy pelvis, it works most satisfactory. In primary inertia, with irregular and weak pains, it is often a great help to establishing a better rhythm for labor pains.

As an aid in the artificial production of labor at, or near, full term, it seldom fails. With the introduction of bags in the cervix the pituitrin should be given, five minims every one-half hour, until regular uterine contractions are brought about. This can be done safely in eclampsia, although it normally increases arterial tension. In conjunction with prolonged anesthesia or narcosis it can be used to shorten labor. The first dose should never exceed five minims, as some patients are so sensitive to its action that a larger dose may bring on a tonic contraction of the uterus.

While shortening labor, it overcomes any tendency to shock, and lessens the occurrence of post-partum hemorrhage. For the latter condition it is the quickest acting remedy we have. In sewing up the uterus after Cæsarean section it lessens hemorrhage and thickens the uterine wall. It may be given with comparative safety in small doses even in cases where a forceps extraction is to be undertaken where further moulding of the head is advisable. Sajous recommends it also in pernicious vomiting of pregnancy.

In closing, it may be well to make mention of the fact that, in some cases, kidney substance (nephritin) will increase the kidney function, and that it may be used to lessen puerperal toxic conditions. Albumen is lessened and the quantity of urine increased. In one case where there was a favorable reaction the secretion was increased in 48 hours from 18 ounces to 60 ounces. Sajous attributes this action to the fact that some adrenal substance is found in the kidney.

Mammary gland has been recommended in sub-involution and as a galactagogue. The pancreatic and duodenal secretions may be indicated in the glycosuria of pregnancy. As this condition may result from an excess of the secretions of the endochrinic glands it would be a natural antidote during pregnancy.

There is a wide and promising field for the use of the ductless glands in triturations, prepared according to the Homeopathic Pharmacopeia. Dr. Joseph Frankel, of New York, is an enthusiastic advocate of their use in this manner.

Again, since the healing principle of medicine cannot itself be actually perceived, and since in pure experiments by the most acute observers nothing can be determined in drugs which constitutes them medicines except their power to bring about distinct changes in the health of the human body and to excite, especially in the healthy, various unmistakable symptoms of disease; it follows that, if medicines act as remedies, they only make known their inner healing principle and bring their remedial power into play through this ability to cause symptoms. And it follows also that, when we wish to decide which among several remedies is the most appropriate for any individual case of illness, we can put our confidence only in those disease-phenomena which medicines produce in healthy bodies; for these form the only evidence of their inherent tendency to cure.—*Organon of the Rational Art of Healing.*

If, then, disease has nothing to show by removal of which it can be changed into health, save the complex of its symptoms, and if further, medicines can show nothing of their power of healing except their tendency to excite disease-symptoms, it follows that medicines, to be true remedies, must uproot and remove the symptoms of illness by the power of the symptoms which they themselves can excite.—*Organon of the Rational Art of Healing.*

The Great War.*

AS SEEN BY

ARTHUR GINNEVER, CLASS OF 1901.

New York City.

I WENT over for the B. W. R. A., to see how their supplies were coming through, and if they could render more efficient service. Leaving on the steamship Chicago of the French line, July 1st, we saw it was to be no ordinary trip. For instance, no lights were allowed in a state room unless the steel cover was clamped down, and no lights allowed on deck at all, not even a flash light. Of course, this made promenading impossible. Every passenger was assigned to a boat and ordered to familiarize himself with its location, and two days before reaching land all boats were swung out and prepared for emergencies. But nothing happened and it was a perfectly uneventful voyage. We had the usual concert with an auction thrown in. Passengers contributed small articles, boxes of cigars, boxes of candy, a book, anything and then they were auctioned off. A box of candy would bring \$20.00, a box of cigars \$25.00, so they raised quite a bit of money for the French wounded.

There was a French actress on board who sang French songs and wound up with the Marsellaise in company with an old French soldier who had left his home in California at the beginning of the war, offered his services, was accepted and made color bearer. He was 63 years old and was going back after a furlough. He had three decorations for bravery on his chest, one of them the highest decoration the French army gives, and which means that the man's name receiving it is read out before all the armies of France at home and in the colonies. He stood beside the girl when she sang the Marsellaise, and when she got through she flung her arms around his neck and kissed him. The old fellow couldn't help but cry.

We landed in Bordeaux and the first thing one noticed was

*This article consists of excerpts taken from letters written by our fellow alumnus, Dr. Ginnever, during a trip in France last autumn.

that it seems as though all the women were in mourning. Women conductors, women motormen, women working most everywhere. I started in at work by visiting the hospital in Bordeaux. One of the first questions they asked me was if the Society could send articles to French prisoners in Germany who were in great need of them. I had to say "No."

I visited a concentration camp of German prisoners, a little less than 1,000. They were not required to work and all of them were pitching quoits and playing cards. They seemed quite happy, not above flirting with the girls or visitors. Of course, they were confined in a high board fence with sentries marching around.

From there I went to Limoges, arriving at 2 o'clock in the morning. Before breakfast the chief of police paid me a visit and, as he didn't speak English and I didn't speak French, it took quite a while before I found out what he wanted. When I found he was chief of police, I guessed he wanted my passport, and then we were all right. I visited the English and French hospitals and found the English hospitals were not in need of anything; this was the case throughout my trip. The French were always in need of some things, but were much better off than they had been.

Reaching Paris on July 14th, the French national holiday, I found the city full of troops parading in honor of the day, Russians, French, English, Sitks, Gurkas, Canadians, and Anzacs. You know I have always been proud of being English, but such a sight as that sent little thrills up and down my spine. The Parisians gave the Russians and Australians an especially warm reception.

Paris is much different than it formerly was. All the streets are dark, some much more than others. Many stores are permanently closed, even some very large ones. The price of living is much higher than formerly. Here in Paris is where I should have been discouraged. I think it was only my British stubbornness that carried me through. Everybody said, "You might just as well give it up, you can't do it." "Get to the front, why you are foolish," and they laughed. I think if they had not laughed I might have stopped, because it did seem hopeless. I stuck to it and kicked my heels around Paris day after day for nearly

two weeks, then finally I got it. Through the Under Sec'y of State, M. de Piessac, I got passes to go into the army zone, but only to three specified places; however, after I got among the actual army men I had no further trouble. When you visit a town in France, the first thing you have to do is to go to the chief of police and satisfy him, and before you can come away you have to go to him again. The question of passports is very troublesome; everything has to be absolutely straight.

I finally got away to Compeigne, which is within eight miles of the trenches. When in Paris, lying in bed at night, one can very often hear the rumble of the guns, but as soon as I got off the train at Compeigne I could hear them distinctly. In Compeigne I visited Alexis Carrell's hospital. This man is making a very wonderful record; his hospital is 'up to date in every respect; no odor, no flies, and saving a wonderful percentage of lives and limbs.

From there I went to Hospital Royaleiux (2,000 beds), and found a Dr. Stower, from Kansas City, who had enlisted in the French Army Medical Corps, holding the rank of lieutenant. The hospital was in need of all kinds of supplies. There I received the only discourtesy that I received in France. In company with Dr. Stower I left there and was able to meet the chief of that district, so was able to gather all details from him. With Dr. Stower and the chief I visited two large hospitals, went through the armory where all the arms are served out to the outgoing troops and where all repairs are made, visited the kitchens, tested the tea, soup and food, visited the infirmary and the different wards. The Princess of Greece, with the French Minister, Briand, had been there that morning, so the hospital was a little decorated for this event.

Two of the stock questions I always asked in hospitals were the prevalence of tuberculosis and syphilis, and what means were being taken to counteract them. I was told here that there was no increase of syphilis in France at all since the war began except what the British have brought into France; where they were it was ravaging the country. I simply expressed a little mild surprise at this. Within an hour I was in a hospital devoted solely to syphilis. Tuberculosis seems to be on the increase as would be natural to expect, and so far as I could gather, syphilis not

more than would be expected under such conditions. Dr. Stower I found to be a very fine able young fellow and greatly handicapped through being the only English speaking man on the whole hospital staff.

I got back to Paris that night and left the next morning at eight o'clock for Bar le Duc. Arrived at noon and found it the most strict place, from a military point, I had yet found, and no one speaking English. All stores, even in the daytime, have their blinds permanently down. I finally saw a little shop where it said "English spoken," and found an elderly woman, who, in her girlhood days, had been in Cleveland, O., and still remembered a little English. So I said, "For heaven's sake, feed me, I am starving to death." I got my lunch and my supper and she found me another French woman who rented me a room, as she said the hotels were altogether too dirty. This town has been bombarded many times by cannon, Zeppelin and aeroplanes, and many people killed. Every house has a sign on it saying, "This cellar will hold so many," and when the siren blows everybody is supposed to take to the cellar; even the cellar windows are blocked up with sand banks. I was much disappointed that nothing happened while I was there.

I visited the Hospital Central, 2,000 beds, and got a new list of things needed. The chief of staff presented me with a photographic view of the hospital, inside and out, and also a monograph of his work. Having a few hours to wait I walked up to the top of a high hill, back of Bar le Duc, to get a view of the surrounding country and watch the aeroplanes, and had a very interesting encounter with a French priest. I accosted him and found he could speak a "leettle" English, if I talked *very* slowly (which is hard for me). Occasionally I had to make use of the dictionary. He had been a priest in Verdun for seventeen years and had lived in Bar le Duc since the beginning of the war. He showed me all the interesting places where the greatest damage had been done, and then took me to his home to show me, as he said, "how a French priest lives." He opened up a bottle of wine and we became so friendly he almost cried when we parted.

The next morning I went to another hospital and met a French lieutenant who had twenty-one pieces of shrapnel in his body upon being admitted, but was now nearly well. He spoke

fair English, and was assigned to me during my stay. I immediately proffered my request for permission to go to Verdun to the colonel. He refused, but offered to let me put it up to the general, who was about just then, and, in the meantime, offered to send me to Revigny in a military auto. Of course, I said, "Merci, merci, bucoup," so with my lieutenant we started. For the whole distance, about twenty miles, we were never out of sight of troops passing to the front, ruined villages, repose camps, cemeteries, munition depots, cavalry camps, hospital ambulances and, again, cemeteries. Revigny had been occupied by the Germans, and had suffered almost complete annihilation between French and German. Several villages were completely smashed down, not a wall six feet high standing in the whole town. It is impossible to imagine such complete destruction from a bombardment. It looked more as if a huge steam roller had passed over the town. Towns composed of 12 to 20,000 people with two story brick and stone houses and stores—not a sign of a house left standing in the whole place. Some people had roofed over the cellars and were living in them. Of course, in all these places no women or children were to be seen unless it were some old women or old men out working the fields. All over the district close up to the actual range of the guns these old people were performing the usual farm occupations, and from the repose camps, oftentimes, 25 to 30 soldiers would voluntarily turn in to help them out.

We stopped at several little army canteens in these places which enabled me to talk and chat with other Frenchmen and officers stopping there. At Revigny I found the largest hospital, having a capacity of 3,000 beds. Everyone treated me splendidly. I saw the wounded German prisoners who had been taken at the battle of Fleury. Those that were able to travel were just starting out for the railroad, and also the French wounded who were able to travel were going on the same train. These hospitals are the evacuation hospitals; the men coming straight from the front. They stay there until they are dead or can stand the railway journey when they are sent into the interior so that the front hospitals do not become over-crowded. Here they gave me pieces of shells, both French and German, pieces of Zeppelin which had been shot down, and the chief surgeon gave me a monograph of the surgical work performed up to about

that time. On the way back we visited the dugout where the Crown Prince had his headquarters during his stay in that region.

I arrived back in Bar le Duc late in the evening, and all the hotels are closed to travellers at 8:30, everything absolutely dark, not a light or a glimmer of a light allowed in the whole town. The lieutenant, using his authority as a messenger from the general, was able to get us in a common soldiers' hotel, where we got the necessary food under conditions that were not exactly Waldorf-Astoria. The next morning I visited Hospital No. 111, and found a Miss Guinness, an Irish woman, head nurse. This hospital was in need of a great many things of all kinds. I made a very long visit there, saw the whole hospital from store room to morgue. There were many black troops and some German wounded. The black troops are very interesting, their nostrils are bored for rings, their teeth are filed, and all I saw had marks on the cheeks. Their sole idea is to kill Germans. They are unfit for trench work, and have to be kept back out of range until all is ready for an attack. They are specially equipped with a long native knife. When they are told they are going to an attack next day they spend their time very happily in sharpening their knives. They must look very fierce when they charge. In this hospital they gave me a number of souvenirs, among other things a steel casque of a famous chasseur regiment, all spattered with blood and a bullet hole through it.

The next day we went back to see the general and were fortunate in finding him. General Bouchier, a very fine soldierly man, promptly said "No," but after a long three-cornered talk and the use of my letters of introduction we were able to reverse that into "Yes." But he insisted upon sending with us a captain as well to see that we didn't go any further than he said, because he didn't wish to take the responsibility of a civilian getting hurt while under his charge, which was quite a nuisance. He ordered out an automobile and driver, and with the captain and lieutenant we started for Verdun. The roads are still in good condition which seems almost impossible considering the tremendous wear they have had. The whole road is filled with huge motor lorries, each containing 25 to 30 soldiers with full marching equipment. We noticed that ten motor lorries follow close on each other, then 50 metres of space, and then ten more lorries

as far as you travel, either north or south, all going to the front, and the other side returning empties and ambulances with wounded. We passed miles and miles of trenches and entanglements for the French troops in case they had to retire from Verdun. Of course, you don't go very far without seeing sentries. The probability of these trenches being used now is passed as, even when I was there, the French were pushing the Germans back further and further. Before I left they had taken Fleury again from the Germans. Close up toward Verdun I ran across an English speaking man and got out to have a chat with him. I found him to be Dr. Norton, from Boston, belonging to the French Army, and he has been in the war since the beginning.

Nearly all the ambulances are Ford cars, and a great many of them attached to the American Ambulance Corps. One man I found well up to the front was from the Nottinghamshire and Derbyshire Red Cross, and, of course, I had to jump out and shake hands with him. He expressed great surprise at seeing a man in civilian clothes up that far. He pointed out to me huge holes in a hillside where shells had landed within the past few days. But we continued on our way and kept going until we went over the brow of the hill and Verdun lay at the bottom. The captain absolutely refused me permission to go down into the town so we stayed on the hillside and watched the scene with our glasses. We could hear the shells scream and see the places where they dropped where a huge cloud of smoke and dust came up. We couldn't see Fleury because it lay in a hollow between two hills, but we could see over Fleury and Verdun, Fort Diaumont and Fort Thiaumont which were held by the Germans and the German lines beyond. Not a man could be seen. Nearly always the attacks come at night or in the early morning. We could, however, see the flash of the guns of Diaumont and Thiaumont and the landing of the German shells as well as the landing of the French shells in the German territory.

Over our heads were ten captive French balloons like huge sausages, and occasionally German shrapnel would burst around them as they made attempts to reach them. French aeroplanes were always in view. We did get a glimpse of two German aeroplanes, but only in the distance, although we could hear their rapid fire guns. We sat on the hillside and watched them until dark, and I could have stayed there very contentedly all night,

but at dark we received orders to get back in the machine. Sitting down on the hillside I picked up a briar pipe at my feet which had 1915 scratched upon it. I took it along with me, and after getting off the mud and polishing it up, though weather beaten, it has become one of my valued possessions. It is impossible to give but the very faintest impression of what one thinks and feels even in such a position as mine. I can't describe the sound of the guns or the scream of shells or the feeling that comes over one when you think of the hundreds of thousands of men lying somewhere in front, all of them hiding, all of them in danger of death, and one-half trying to kill the other half.

Back to Bar le Duc. I spent the next three days wandering around hospitals, small towns aerodomes and among troops. Just outside of Bar le Duc is an aerodome where I found seven Americans with a French captain and lieutenant; one of the Americans living within two blocks of my home in New York, whose father and mother were living across the street from my wife and daughter in the country for the summer. All of them were a splendid lot of fellows; the captain, when he found I was from America and for medical and surgical relief work, got out one of the machines and went up in the air to show me what they could do, and what I saw was more than interesting, although it terrified me. It seemed that his life was in danger every second of the time. I never saw such stunts before, and I really think it is very foolish to do such things for a spectator. They all like their work, and the ordinary parts of it they do not think dangerous, but when they have to carry a spy and land him within the German lines and go back in three or four days to pick him up again, they do admit *that* is very dangerous work. Then they also carry silken bags full of pigeons and drop them at agreed-upon places so that they will fly home with messages. Of course, there are many spies, no doubt, on both sides, and I heard many stories of spies being captured by the French and shot.

The one thing that perhaps impressed me more than anything was the absolute silence in the hospitals. I must have visited hospitals of at least 200,000 beds. Never, in any hospital, have I heard a single moan. Hospitals containing men on the verge of death and others containing men all mashed up, but I never heard a man moan in a hospital in France. The only man I

ever heard moan was one being lifted on a stretcher out of an ambulance. The French soldiers impressed me as being the most patient, uncomplaining, long-suffering people I ever saw. Emotion seems to be almost absent. There is no hilarity amongst them on the march or going into battle. Neither is there any discouragement. Everybody is cheerful and confident but quietly so. I have seen many troop trains depart from stations, filled with relatives, and I never saw but one woman cry. The deportment of the soldiers and the crowds always filled me with astonishment. There are no decorations in the streets; there are no flags flying; there are no flowers; not even groups on the streets to watch them off. They appear as if they were going to their day's work. The question as to whether they are going to win or not is treated as a foolish question. The only query is "How long do you think it will be?"

I left General Bouchier and my lieutenant with great regret. I got Gen. Bouchier's briarwood pipe in exchange for my meerschauum. I changed walking sticks with the lieutenant. In the aerodome they gave me a very beautiful souvenir made by their mechanics, composed of French, German and English bullets and a dart that they dropped from an aeroplane, made up in the form of a dagger. The American flying men tell me that the Germans, as a rule, now avoid battle in the air if possible, although their machines have been swifter and their guns of longer range, but before I left a new convoy of French aeroplanes arrived which were expected to out-fly, and the guns to out-range, those of the Germans.

It was quite a little satisfaction to get back to Paris and meet the people who had advised me to give up because it was impossible, and to tell them where I had been and what I had seen. When I arrived in Paris I found my permission to visit the British lines waiting for me, but the provost marshal, Major Brett, could only issue the request for a permit which had to be sent to the British Army Headquarters, then the permit issued by them, and sent to me. This would require six more days which I was not able to give, and, much to my disappointment, I had to give up my visit to the British lines, but I know from information I received that the British were not in need of any aid. It was simply a desire upon my part to see the British Tommies at their work. The British are taking care of their men in a most

remarkable manner. They have the fairy story of Aladdin's lamp beaten a mile. The British soldier is better kept in the trenches and at the front than when he was at home. He gets his smokes and his jam and marmalade, better food and more delicacies than at home.

I left for England by way of Havre, and Havre looks like a British town filled with British troops. We went on board the boat after a very rigid inspection and, after 11 o'clock at night, steamed out of the harbor. Here happened a most significant thing. There were no lights on the vessels, but we no sooner cleared the harbor than everybody went below and to bed. There being quite a few women on board, I expected there would be people who would remain up all night and that there would be a show of life preservers, but much to my astonishment, everyone went to bed. I thought it was a very pretty compliment to the British navy. As for myself, as soon as I got on board I went down among the third class passengers to talk to the Tommies, and with a cup of hot coffee and a sandwich I spent the time with them, listening to their stories, some of which I will tell you later. On the way down from Paris we had with us three British skippers whose boats had been sunk by German submarines in the Mediterranean. One had picked up two Norwegian crews suffering a like fate only eight hours before he got his.

Arriving in England you wouldn't know that England was at war if you took the soldiers off the streets. Business doesn't seem to be any different than it ever was; the shops appear to be all open; they appear to be selling the same class of goods and there are the same crowds upon the streets; excursions on the rivers, sight-seeing crowds around the towers and the various places of interest; the theatre, of course, well patronized. But you noticed many girls and women acting as conductors on the motor 'buses, many women where there were formerly men. There are no signs of destruction in London from Zeppelin raids that can be found by looking for them unless one has a guide. The town was full of Australians and Canadians who had been given a four days' leave from their training camp, the first these particular ones had had since they arrived in England for training, and the last they expected before they were shipped to France. All of them said they were anxious for that day to

come. The Australians seem to resemble our Texas boys more than any other of the troops. Wherever you see a troop train of English soldiers they act as though they were going off for a day's outing. Whereupon the train stops they are immediately singing songs in groups of 25 or 50.

I went up through the central and northern part of England where the people are busy making munitions—through Manchester, Birmingham, Derbyshire, Nottinghamshire, and Leicestershire. Talking with men and women, manufacturers, storekeepers and farmers it would seem as if England had just about got her back fairly into this war. English people strike me as having gotten into a cold condition. There is very little talk about it, but everybody seems absolutely determined to see the war clean through to the end. Where a few years ago English people were kicking and complaining about taxes, insurance tax, sick tax and such things, a matter of a few pennies, now they are paying taxes heavily, the well-to-do and wealthy classes very, very heavily, and no one makes a single complaint. I don't believe if they were to double the taxes there would be a single complaint. Two things all the English people seem to have right down in the bottom of their souls—Edith Cavell and Captain Fryatt—they mean to make Germany pay for these.

There is simply no comparison between the French and British soldiers. They are so absolutely different. The French soldier has made a very fine name for himself, but the British soldier, in my estimation, is not to be beaten by any soldier on the face of the earth. I don't believe the single initiative of the German soldier is equal to either the French or the British; the system doesn't make for that and that is where the French and British will beat them.

The feeling toward America is not nearly as good as it was. They seem to feel that we have not upheld our dignity and have not held Germany to an accountability that we would have done had it been a smaller nation. The fact that we did not protest against the violation of Belgium is the particular thing that they blame us for. Throughout France, wherever you find an English speaking person, especially an American, you will find the condemnation of the American Government the most bitter and the most outspoken, particularly among men and women who have been working there since the war began.

The Chironian

The monthly Journal of the Alumni Association of the New York Homeopathic Medical College and Flower Hospital.

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EDITORIAL

ANOTHER Happy New Year! What may it not hold for us? Life is commonplace and monotonous only for him whose own judgment insists that it shall be so. To him whose heart is alert, life is a big adventure. Each New Year's Day is the opening of a new book, and every one of its three hundred sixty-five pages is fascinating with its possibilities. What may not a day bring forth? If its burdens are heavy, they may reveal undreamed of strength and resources. If its griefs are bitter, they may bring a vision of untold wealth. If it brings defeat, its very sting may nerve to achievements we had not supposed were within our powers. Every new acquaintance may become an intimate friend; every new task may bring the great opportunity of life; every new success may be the most satisfying we have met. To him whose eyes are open to see the things which others count small and whose mind is alert to the possibilities of a day the New Year is a great adventure, and to him this will indeed be a Happy New Year.

THE CHIRONIAN committee begins the New Year with prospects brighter and better than in the past. An inventory of material in hand reveals a spirit of co-operation that is commendable. The journal is in process of being placed upon a firm financial basis. Subscriptions are being made by people outside our own Alumni Association showing increased recognition of the merit of THE CHIRONIAN. Alumni who heretofore threw the paper into the discard are now impatient if a copy should fail to reach them. From every quarter come words of commendation and appreciation. The reading matter due in large measure to the efforts of Dr. Dearborn is of such high status as to be regarded with envy by journals less fortunate in securing such high grade papers. For all of which THE CHIRONIAN committee is thankful. Having tried and not failed is a satisfaction in a class by itself. There are many improvements that might be made in THE CHIRONIAN, and the committee has many under advisement. Difficulties are met with that almost seem impossible to overcome. Yet these difficulties are being slowly and surely dealt with. It is hoped that in the present year THE CHIRONIAN will make strides that will bring it into a realm that will make it a leading journal of homeopathy.

THIS present number concludes the series of articles by members of the Senior Class under the direction of Dr. Fobes. These papers have been greeted with interest and pleasure by many. A symposium in the department of Obstetrics under Dr. Loizeaux, and another in the department of Surgery under Dr. Kaufman, will follow in subsequent numbers. The delightful series of illustrated hospital histories will be given, and the various departments of our college will be reviewed and illustrated. Alumni notes in the same plenteous measure will be provided to further interest our readers. Yet with all this, all news and worth while reading matter will be appreciated if sent to THE CHIRONIAN.

Medical Fakes and Fakirs.

BY

ERNEST R. EATON, CLASS OF 1919.

DEFINITIONS.

(a) An English physician who practiced during the reign of King James I. described the charlatan of that period as shameless, a mortal hater of all good men, adept in cozening, legerdemain, cony-catchery and all other shifts and sleights, a cracking boaster, proud, insolent, secret back-biter, contentious wrangler, common jester and liar, runagate wanderer, cogging sycophant and covetous exacter, a wronger of his patients. In a word, a man, or rather a monster, made of a mixture of all evils.

b) Daniel Defoe (1661-1731) in his description of a quack doctor wrote that sometimes he would employ most vulgar phrases imaginable, and again he would soar out of sight and traverse the spacious realms of fustian and bombast. He was indeed very sparing of his Latin and Greek, as (God knows) his stock of these commodities was but slender. But then for hard words and terms, which neither he nor you nor I nor anybody else could understand, he poured them out in such abundance that you would have sworn he had been rehearsing some of the occult philosophy of Apriffa or reading extracts from the Cabala.

(c) In the old Province of Languedoc, in Southern France, charlatans were liable to be summarily dealt with, for when any mountebank appeared in the city of Montpelier the magistrates were empowered to set him astride of a meagre, miserable ass with his face to the animal's tail. Thus placed the wretched fraud was made to traverse the streets, his progress enlivened by the hooting and shouts of children and the ironical jeers of the populace.

Probably every species of fraud that misdirected human ingenuity has been able to conceive has been foisted, at one time or another, on the public. Those in which positive fraud is almost difficult to prove in the eyes of the law can survive for a time. The utter lack of laws in many states or the inadequacy of such laws makes it possible for quackery to be constantly and safely

practiced on the sick. Quackery remains a gold mine for the dishonest and unscrupulous schemer. It is a favorite pursuit. Like the poor, we have quacks with us always.

One has but to read the advertisements in a metropolitan daily newspaper to realize the success of apostles of quackery who offer to cure numerous ailments, such as gall stones, cancer, tuberculosis, alcoholism, male and female weakness, deafness, fits, morphine habit, eczema, Bright's disease and other physical disorders. Advertisements cost money. Advertisements reach large numbers of people, and among these large numbers the quack's success is appalling. Their methods become after awhile as well organized as big business. They are the honest physician's criminal competitors, and their lack of honesty is the only thing that compels us to withhold our admiration.

The following is an exact copy of advertised cures of a patent medicine brought to the attention of the writer by a well known druggist :

(Alphabetical Index of Ailments)

Asthma	Abrasions	Piles	Poison Ivy
Abscesses		Pruritus	Poison Oak
Bites	Bunions	Prickley Heat	
Boils	Bronchitis	Quinsy	
Bruises	Blood Poison	Rheumatism	
Bowel Trouble		Rose Colds	
Catarrh	Chilblains	Razor Rash	
Colds	Corns	Salt Rheum	
Cramps	Carbuncles	Stiffness	Sore Eyes
Chafings	Cuts	Sprains	Sore Feet
Chapped Hands		Styes	Sore Throat
Chapped Lips		Scalds	Sore Nipples
Discolorations		Sunburn	Sciatica
Earache	Eczema	Stings of Insects	
Faceache	Frost Bites	Stomach Trouble	
Foot Soreness		Tonsilitis	
Inflammations		Toothache	
Joint Soreness		Tetter	
Lame Back	Lumbago	Throat Trouble	
Loss of Voice		Ulceration	
Mosquito Bites		Urinary Trouble	
Neuralgia	Nose Bleed	Varicose Veins	
		Wounds	

The secret of the quack's success is not, of course, in his knowledge of medicine, but in his understanding of human nature

and its weaknesses. This is no new art. The reasoning power of the masses, especially when undermined by disease, easily gives way when attracted by bold claims of unusual power possessed by a healer. And this principle is many centuries old. Adding to this a number of specious arguments, a few modern tricks, a degree of mysticism, a clever play on ignorance and superstition with an occasional appeal to religion and the armamentarium of the quack is fairly complete.

We have heard of people, refined and well educated, taking medicine brought by a foreign missionary from a foreign land or some unknown island. These same people, at this moment of passing mystery, could not be persuaded that a whole college and hospital of earnest men with their lives of self-sacrifice and devotion to the healing art could possibly help their case. They love the mysterious and take a chance, buoyed up by the promise that will never be fulfilled. It is the knowledge of how to play on this trait of human nature that has brought forth the quack. It has opened to him the path of wondrous wealth through pretending to apply permanent cures in illegitimate treatment of disease. Fraudulent and ubiquitous testimonials are freely given to aid in swindling the sick and humbugging the helpless.

So long as people "will bite" at any absurd proposition rather than rely upon a common sense plan, just so long will considerable grist come to the quack's mill. Ignorant of the art of medicine, and using medical terms not knowing what they mean, the study of the "medicine man faker" would be amusing but for its dangerous and criminal aspect. So transparently tricky and so frankly fraudulent and naively dishonest, one stands aghast at the stupendous gullibility of a public which makes this trade such a thriving one. On the other hand, some medical frauds show much skill in execution and such brilliancy in conception it is a difficult matter to determine just how to excite community disgust for the inventor and ridicule for the victims.

The question may be asked, "Why is it that quacks and quackery are so successful?" and the answer is legion. Sickness is inevitable, not all of it, but certainly some of it. Besides the sick in a community there is usually found a social group to whom the term "fools" may be aptly applied. The success of a Scotch farmer selling cattle at high prices aroused such curiosity

The writer recently corresponded with an individual in New York City who advertises extensively a tobacco cure said to strengthen the heart, eradicate dyspepsia and "remarkably improve" the kidneys, liver and bladder and overcome chronic hoarseness. The price of the treatment is \$10. The following sketch is a copy of an illustration sent to prospective patients. Accompanying this pathetic and "heart rending" picture is the following message to nicotine lovers:



WHY HE DIED FORTY YEARS TOO SOON.

This man smoked and smoked—and smoked. He brought a terrible nervous condition upon himself and lost much contentment through the fictitious "consolation" of tobacco.

He lost the better half of his life, too, for here he lies dead! He cultivated cardiac disorder, almost deliberately, for he well knew that the excessive indulgence in tobacco was weakening his heart.

Finally, while having only reached middle age, he died of heart failure. He might have lived forty years longer if he had got rid of the tobacco heart. Verily, cigarettes are coffin nails, and tobacco lines the coffin. The Wood C. Treatment could have saved this man's life, and it would also have been good for his family. If you use tobacco beware of heart disease.*

*The Journal of the American Medical Association in exposing this tobacco cure labels it "fraudulent and worthless."

that every effort was made to find the reason without avail. One day, befuddled with whiskey, the simple secret was revealed. "On going to sell my beasties," blurted out the Scotchman, "I first finds a fool, and I shoves 'em on him."

Knowledge comes, but wisdom lingers, and most of us, even though we have learned a thing or two, are still learning—by experience. In matters relating to medicine ordinary citizens have not one whit more sense than ancient Romans whom the witty Greek writer, Lucien, scourged for a credulity which made them fall easy victims to the quacks of a period that antedates our own by just eighteen hundred years. The voice of Lucien, through the corridors of eighteen centuries, has not changed human nature, for human nature does not change. It just keeps on acting and reacting in the same old way, leaving it to the institutions to do the changing and growing.

Again, man has an inborn craving for medicine. This may seem absurd, but the ages of thought-effect on medicine alone may account for a great many easy dupes. Heroic dosing for generations has given man's tissues a thirst for drugs that makes in some individuals the taste of a dose of castor oil no worse for them than olives for the average laboring man. The temptation to physic is so strong that a man's will has to fight a once-for-all hard battle to realize the ofttime and unnessessary evil of constant drugging.

Again, there is, though we find it hard to admit it, a popular distrust of legitimate medicine. And this aids the thousands of quacks in a city like New York of every kind and caper. As already intimated, secrecy and mystery associated with the faker appeal strongly to popular fancy.

The gullibility of human nature is a cause for the winning smile and audible chuckling of the faker. Having long since gotten rid of his conscience, he can, and naturally enough, afford to be merry at the expense of his fellow creatures.

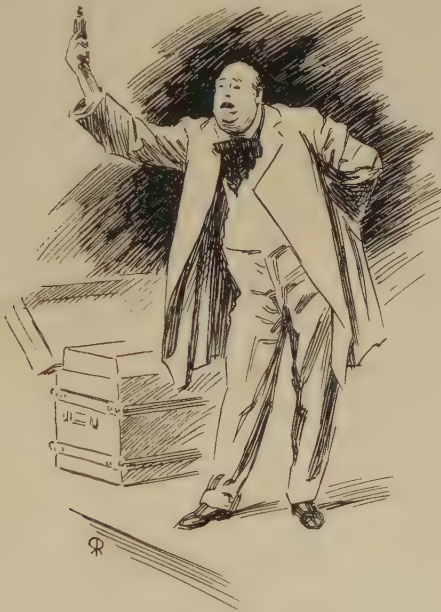
The poor hungry wretch who steals a loaf of bread in these times of high cost of living pays the penalty of his misdeed, but the unscrupulous quack, by reason of his shrewdness, goes free, though a vastly greater and more dangerous villain.

A recent English writer argues that it were folly to attempt suppression of quackery by statute. He affirms the free born

Anglo-Saxon considers that he has the inalienable right to go to the devil in his own sweet way. Further, he feels with the American that he will suffer no dictation in the realm of religion or medicine. And that right he exercises whether it be in patronizing the metropolitan medical museum, or the mail order business, or the "specialist" with the gilt front store or office, or in the purchase of the patent medicine from the nearby drug store. Millions of dollars are wasted while the harm done cannot be conjectured.

During the past summer the writer happened upon a "quack country doctor" who hailed from Philadelphia, and was making a circuit of a certain part of Virginia. The event in the village was one of such unusual interest that the entire community gathered to hear and benefit by the newly arrived "doctor's" visit, and as the type is general in the South, the following brief facts are mentioned:

This quack doctor, whom we shall call "Dr." Wills, was of



"DOCTOR" WILLS.

This is a sketch of "Doctor Wills" pleading forcibly with his hearers. His success consisted in securing the attention of his audience, dealing in one article of commerce at a time and trusting his audience (having, himself, nothing to lose).



"DOCTOR" WILLS AT WORK.

The country folk assembled to listen to "Doctor" Wills and see the circus.

heavy build, described himself as "Doctor" Wills, of middle age, dressed in rather western type of apparel, and arrived with many trunks, assistants and circus. He had just come from a neighboring town flushed with financial success and carrying the news of sweeping and tremendous victories over diseases of long duration. His personality (due in large measure to *avoids* and a loud deep voice) was of the "drummer" kind that could laugh and weep at will and lie with as bland and false a tongue as ever wagged. His office was a piece of ground between two buildings and fenced in to allow at least some privacy. In the far end from the entrance was a platform lighted by crude oil lamps, and in the corner, away from the platform or stage, a tent. Night after night did "Doctor" Wills make his little speeches and pull off his little tricks to the tune of separating his duped audience from their hard-earned greenbacks. The licensed practitioner in the village assured the writer, with a laugh, that several people who had spent several dollars could ill afford to do so, the same people owing him for many visits and medicine. In the dim light and summer heat of an August evening the crowd filed in, filling every nook and corner of the rudely constructed medicine hall and listened eagerly to the words that fell from the faker's lips.

He began his speech promptly at eight o'clock and began immediately to arouse the fears of many who were apparently healthy, hearty farmers. He warned them in frightful pictures

of the result of neglected constipation, of the effect on the body, on the happiness, family and home. Stating frankly that he was not in medicine for charity, but for the money made, he wished it clearly understood that he had an exclusive method of curing rheumatism with herbs (usually leaving out the "h"). This discovery had escaped all investigators. "I have not left the comforts of home to be heralded by an advance agent who receives a generous salary," he affirmed, "making large claims, for nothing. I can cure rheumatism." (Here a list of names is repeated, parrot fashion, with the years of suffering from rheumatism cured by his 'erbs.)

It is impossible to give in substance all that was said in the two nights the writer listened to the country quack doctor. But a few of the statements summed up are as follows:



THE COUNTRY "DOCTOR'S" CIRCUS.

"Doctor" Wills told a farmer in confidence that the circus helped his business. "People's minds are preoccupied," he said. "Their heads are filled with their own ideas and schemes. It is hard to get their attention and harder to hold it. These country people, in fact all of us, are like children. The circus knocks at the door of their brains. It gets in, for they open up to it and then I get in—and my healing 'erbs."

"I am an honest man, having been in this profession for more than a score of years, and will give money back to every man, woman and child who finds, after a thorough course of treatment, that my 'erbs do not cure rheumatism."

"There are some unmentionable diseases that can be cured, and I can cure them. Come see me, poor tired sufferer, and I will guarantee relief."

"No cure, no pay. Every cent back if not satisfied. I will take a promissory note on your bank payable if cured."

"This remedy will cure toothache. The venous blood carries true blood to the root of the tooth, and arterial blood is carried to the rectum."

"When kidneys are not working good you have a deranged stomach, and this affects your head. This is the reason you men have a beer headache when you stay out late at night drinking. This 'erb will cure you of that headache."

"Another reason for the splitting headache you have is that your skull opens. (Reference to sutures.) This 'erb closes the skull tight and your 'eadache disappears. I usually demonstrate this with a skull which shows the natural lines of opening, but some thief stole it at the last town."

"This soap will relieve catarrh when used on head."

"To show how penetrating is this soap you can rub it on your arm, wash it off lightly, and then an hour after, by using more water and rubbing hard, secure a lather. This soap will go right into the joints, muscles and through the skin."

"After eating you belch up gastric acids. After a thrd dose of 'erbs you are relieved."

"Infantile paralysis is caused by bowel trouble."

"Your wife dreams, restless at night, angry without cause, neglects her person, don't care? Be a man! Buy this \$1.00 package of 'erbs and rejuvenate her."

"Do you suffer with a bad appetite, fits, gall stones, kidney trouble, stitch in your side, etc.? Wills' herbs in two quarts of water, a wineglass before meals, and you are a new woman."

"Every person who buys to-night will get a present equal in value to the 'erbs."

"Dr. Wills always keeps his word."

"These 'erbs are nature's own treatment."

"Care for yourself, my brother, to-night, and join the army of thousands benefited by Dr. Wills' 'erbs."

"Drink whiskey straight as I do, but if you drink too much take my 'ealing 'erbs.

The writer was fortunate enough in securing the wrappers of some of the 'erbs sold from the station master at the village who had purchased \$16.00 worth of these fake cures. (This statement gives an idea of how lucrative a business was done. Hundreds of dollars passed through assistants to "Dr." Will's upon his visit to this little Virginia village.)

The promise of a present one night equal to the value of the 'erbs brought back the \$1.00 paid for medicine to about twenty-five people. This inspired confidence and the result was a large collection that night.

The following wrappers are here given as printed, the name being removed:

EXHIBIT A.

LYNDRANOID MINERAL SALTS

THE PRODUCTION OF THE MOST FAMOUS HEALTH HEALINGS ON EARTH

Is the outcome of the great learning, and long experience of the Physician, Investigator and Practitioner of Medicine for over 50 years, and is especially adapted and guarantees a perfect cure for the following diseases:

CATARRH in its most dangerous stages.

RHEUMATISM—Acute and Chronic Rheumatism in all its forms, enlarged and stiffened joints, Muscular, Lumbago, Sciatica, etc.

BLOOD AND SKIN DISEASES—Sores, spots, pimples, scrofula, taints, tumor, tetter, eczema, salt rheum, ring worm and acquired blood poison in all its forms, thoroughly eradicated, leaving the system in a strong, pure healthy condition.

KIDNEYS—Inflammation of the Kidneys, Brights Disease, Diabetes, Congestion of the Kidneys, Uraemia, Gravel Stones, etc.

BLADDER—Inflammation, Cystitis, Cyster-rhoea, Catarrh of the Bladder. These distressing diseases invariably yield to our treatment, "LYNDRANOID WATER SALTS."

LIVER—Spleen, all diseases of the Liver, Jaundice, Sclerosis, Gall Stones, Congestion, and all organic and functional disorders.

NERVOUS DEBILITY—And all its attending ailments, of young, middle age and children. The awful effects of indiscretions in youth (Self Abuse) or excesses in after life and the effects of neglected or improperly treated cases, producing lack of vitality, weak back, sexual weakness, sleeplessness, weakness (impotency), chest pains, nervousness, weakness of body and brain dizziness, failing memory, lack of energy and confidence, despondency, evil forebodings, timidity and other distressing symptoms. Such cases, if neglected, almost invariably lead to Premature Decay, Insanity and Death.

PRICE \$2 00

EXHIBIT B.

Wonder Herbs

The Great Blood Cure is composed of roots Herbs, Gums, Leaves, Berries, and Blossoms and is recommended for Rheumatism, Neuralgia, Chills, Fever, Ague, Catarrh, Asthma, Scrofula, Humors, Scald Head, Syphilitic Humors Boils Pimples, Bloating of the Stomach, Faintness Pains in the Back Female Weakness, and all Blood and Stomach Diseases.

WONDER HERBS are divided into two packages, No. 1 and 2, each package worth its weight in gold. A trial of the first will convince you of its efficiency, and inspire a confidence that the continuance in faithfully taking No. 2 will restore you once again to the full vigor of perfect man or womanhood.

WONDER HERBS being purely vegetable, can be given with perfect impunity to the oldest person or smallest child. The greatest advantage in taking this medicine is that it strengthens and builds up the system while it eradicates diseases.

EXHIBIT C.

Lyndranoid MINERAL SALTS

THIS PACKAGE MAKES 2½ GALLONS
OF MEDICINE WHEN DISSOLVED

For Catarrh of the Head dissolve an even teaspoonful in a quart of cold water to be used as a snuffle and gargle from three to five times daily.

For all cases of Rheumatism use a sponge bath three times a week, and one teaspoonful of the water after each meal.

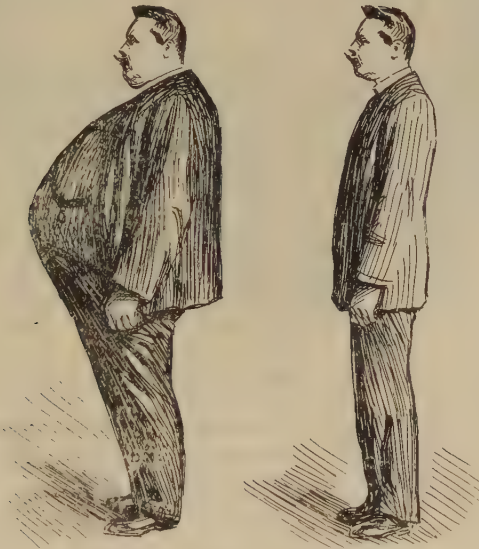
For all skin and external diseases use as a bath from three to five times daily.

Any other information wanted will be cheerfully given by writing.

The circus accompanying the quack was as vulgar as it was old-fashioned, and some of the stories told to this wondering and silent audience would not bear repetition. The whole performance, clever and crude, amusing, yet disgusting, is but a type of what is being perpetrated in the name of medicine in many parts of this country.

However, there are many other types of fakers who swindle the sick and frighten the healthy into purchasing their merchandise. There are specialists who promise to cure cancer by harmless home treatment, and goitre by a newly discovered internal treatment. There is the philanthropist who has by good fortune found a simple remedy for Bright's disease, and has opened an institution where all persons can be cured for the bare cost of the medicine. There are the countless throng who will tell you that deafness will soon be unknown if those who are deaf will buy

This is a sketch, greatly reduced, of a circular sent out by a Michigan concern. It is titled :



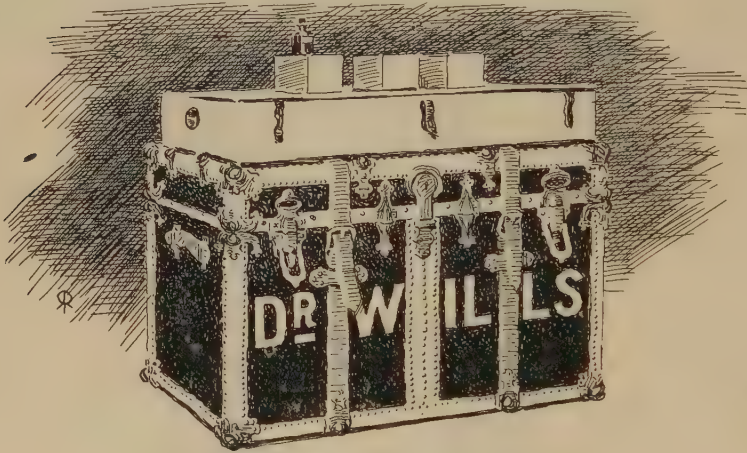
NATURE'S REMEDY FOR OBESITY.

The name of the Remedy is Rengo. It was claimed that its active constituents were derived from a luscious tropical fruit that grows in clusters similar to grapes. Six treatments are offered for \$5.00.*

*This remedy was labelled both fraud and humbug by *The Journal of the American Medical Association*.

their eardrums, that rheumatism can be cured by herbs and adhesive plasters to the feet, and that syphilis can be cured in thirty days without harmful drugs. Fat folks made thin, vice versa, by taking the same medicine is as widely advertised as the patent cartilage stretcher for the undersized and the height reducer for the extra tall. In fact, the rate at which we have now progressed measured by the quack should find us free from disease, living forever in a new and blissful paradise. The only reason this millennium has not dawned is because of our incredulity and lack of faith. For ways that are dark and tricks that are vain the dishonest, mercenary advertising faker has the heathen Chinese denuded to the deep fascia.

The honest physician groans, "O Lord, how long?"



THE "WONDER" TRUNK.

A greatly reduced reproduction of one of the many trunks "Doctor" Wills emptied in a Virginia village. In return the inhabitants emptied their pockets, separating themselves from moneys to the tune of hundreds of dollars.

Tumors of the Spleen*

BY

W. HEINICKE, CLASS OF 1917.

TUMORS of the spleen may be considered as solid and cystic, the former being divided into benign and malignant; the latter into dermoid, parasitic and non-parasitic.

The benign tumors, which have been described, are fibroma, enchondroma, hem- and lymph-angioma and adensoma, all of which are extremely rare and "practically never give rise to symptoms calling for a surgical intervention." Brewer.

Of the malignant tumors sarcoma and carcinoma, both primary and secondary, occur. The primary carcinomata usually are of the medullary type, occasionally of the melanotic variety, while secondary carcinomata usually follow a primary cancer of the stomach and are likewise of the medullary type. Sarcomata are, however, of more frequent occurrence and may arise in the capsule or in the trabeculae. It is especially the primary sarcomata which are of surgical interest.

The first two cases were reported by Weichselbaum in 1881, both being post-mortem, and since then some 35 cases have been added. The varieties mentioned are the round-celled, the spindle-celled, the mixed-celled and the lympho-sarcoma, the latter more frequent.

Injury and previous attacks of malaria are mentioned in several cases as etiological factors.

In most instances there is a rapidly developing, hard, nodular tumor of variable size in the left hypochondrium, accompanied by severe abdominal pain, due to tension of the capsule, and traction of the ligaments. There is gradual wasting anæmia and emaciation. As the tumor enlarges, pressive symptoms develop, especially disturbances of respiration and of the function of the gastro-intestinal tract. Dyspnea is generally present. In other

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instances, however, the condition arises gradually. In one case reported by Doctor Hugh H. Trout: "Male, age 58, who, for ten years had suffered attacks of severe abdominal pain. Maternal history of cancer, patient gave a life-long history of alcoholism and morphinism and had a traumatism of the abdominal wall years ago." Post operative examination showed a mixed-celled sarcoma. In another case reported by Mayo: "Female, age 41, married ten years, two children, youngest age 4. Attacks of malaria between the age of eight and ten. After birth of last child, patient noticed an enlargement in the region of the spleen, which disappeared and was not again noticed until seven months before examination. For six months previous to operation there had been some dyspnea, with anemia beginning at that time." Post-operative examination, lympho-sarcoma. Weight of tumor, 2,375 grams.

The diagnosis depends upon the history, the physical findings, the absence of any pronounced change in the blood, of fever and of fluctuations.

Treatment is splenectomy.

Prognosis.—In primary cases, if removed early, recovery is possible. Of sixteen cases of splenectomy three died early, five died of recurrence, and seven were alive after a period varying from six months to seven years.

Dermoid cysts are extremely rare, but one has been reported by Audral in 1829. This was centrally located.

Hytadid cysts are always unilocular, generally single, and commonly develop in the center of the spleen, producing a long drawn-out, bipolar organ.

The non-parasitic cysts may conveniently be classified according to their causes, as:

1. Traumatic cysts, hæmatoma and secondarily serous.
2. Infoliation cysts, inflammatory or traumatic inclusions of peritoneum. These are usually small, multiple and superficial.
3. Dilatation cysts, due to a distention of the splenic sinuses.
4. Disintegration cysts, arising from arterial disintegration, as from emboli and resulting infarction and necrosis of the parenchyma.
5. Degenerative cysts or cystic degeneration of new growths.

Cysts are slightly more common in women between the ages of 30 and 50. Malaria and syphilis are mentioned as causes.

The most frequently recognized cysts are the hemorrhagic, which are usually large, single, unilocular, most frequently sub-capsular. Next are the serous cysts, which are generally multiple, some being small and superficial, others very large, containing as much as ten liters of fluid. These are located mostly on the anterior border and only occasionally upon the posterior border or convex surfaces.

The symptoms, when present, are those due to the large size of the cyst, *i. e.*, those of pressure, tension or from adhesion to adjacent organs. The most constant symptom is that of a heavy dragging pain in the left hypochondria or epigastric regions. Gastro-intestinal disturbances, and interference with respiration may become quite marked.

Physical findings. A bulging in the left hypochondrium, which may or may not move with respiration.

Splenic tumor, which may be smooth, irregular or nodular; of a doughy or elastic consistency; movable or fixed. Tactile fremitus over splenic area may be present if adhesions to adjacent organs have formed.

On percussion a mass is found to be continued with the splenic dulness. Fluctuation is not always present.

Ascites is usually absent.

The diagnosis is made from the history, the rapidity of the growth, the physical findings and the character of the pain.

The treatment consists in splenectomy,¹ excision² or incision³ and drainage.

Prognosis with early operation is favorable. In splenectomy 24 out of 27 recovering; in excision 4 out of 6. In suppuration or rupture it is unfavorable.

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Wandering Spleen*

BY

P. B. JENKINS, CLASS OF 1917.

THE spleen, like the liver, is a floating organ, tethered by peritoneal ligaments. It moves with the diaphragm and in response to variations in the size of hollow abdominal viscera, and rarely in deformities of the spine, although it is not unduly movable in these cases. The term wandering spleen is applied to this organ when it is unduly movable. Synonyms are floating spleen—prolapse of the spleen—splenoptosis.

Etiology.—Wandering spleen may possibly be due to a congenital looseness of the ligaments, as it has been found in several members of the same family. It is rare except in women, those who have borne children being especially predisposed, and it usually accompanies a general visceroptosis, although it occurs in but 2 per cent. of these cases. Tight lacing may be a cause and it may occur secondary to movable left kidney, with consequent impairment of support. Prolapse of the spleen rarely occurs in a normal organ although it is possible that some of the diseased conditions found in wandering spleens are results and not causes. Moderate enlargement, especially the ague-cake spleen of malaria, predisposes to this condition. It may occur gradually after parturition with a general reduction of pressure and support or suddenly from trauma with resulting stretching or rupture of the ligaments. When from enlargement or a blow it slips off the supporting shelf of the phrenico-colic fold of peritoneum it drags on and stretches the gastro-splenic and lieno-renal ligaments. Ascites, pregnancy and abdominal tumors may force it upwards, while pleuritic effusions, pneumo-thorax and increased weight cause downward displacement.

Pathology.—There are two sets of pathological conditions which must be recognized—those the result of displacement and those independent of it, which are the morbid changes resulting

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from malaria and leukemia. Changes due to displacement are caused by a twisting of the pedicle and consequent interference with the blood supply. The peritoneal pedicle, which may be a foot long, is easily twisted and, as the veins are more easily compressed than the arteries, engorgement results. This is demonstrated by the rapid diminution in size when the pedicle is untwisted at operation. As a result of this chronic passive hyperemia the vessels show obliterative changes and thrombosis, which lead to fibrosis and atrophy. This necessitates a gradual compensatory change in the lymphatic tissues elsewhere and is thought to explain the absence of symptoms when splenectomy is performed in such cases. When the torsion is more pronounced the blood supply is cut off, causing thrombosis and necrosis of the spleen.

Symptoms.—May be absent, the condition being then discovered accidentally at operation. Physical examination shows the spleen commonly in the left iliac fossa, less often in the umbilical region or right iliac fossa; in diaphragmatic and rarely in umbilical and inguinal hernial sacs. It varies in size according to the quantity of blood contained in it. The symptoms present in the average case are severe, paroxysmal pain, tenderness in the left hypochondrium, nausea and vomiting, a certain amount of shock, with increased pulse rate, and constipation. The patient complains of dragging and weight or discomfort in the back and abdomen. However, the most serious symptoms arise from complications.

Complications.—Twisting of the pedicle is practically always present and as many as six turns have been found. The resultant symptoms are severe, like those of ovarian cyst with twisted pedicle, and are those of acute peritonitis. It may cause thrombosis of splenic vein or necrosis of the organ with peritonitis. Rupture of the organ has occurred in these cases on every slight provocation. Perisplenitis may cause the organ to become fixed in an abnormal position and we then have what is known as dislocated spleen. The symptoms may disappear or the condition may give rise to very dangerous symptoms. Dragging on the stomach is very apt to cause dilatation with possible resultant rupture while interference with the bile duct, from dragging on the duodenum, causes intermittent attacks of jaundice. The for-

mation of adhesions may cause intestinal obstruction or it may cause uterine retroflexion or prolapse, by passing into the pelvis.

Diagnosis.—Absence of the normal splenic dulness and the presence of a movable tumor with a notch which may be replaced to the normal position of the spleen is diagnostic. The usual course of travel of wandering spleen is parallel to its long axis diagonally toward the navel, and then the course varies so that the organ may be mistaken for any other abdominal organ. If it becomes fixed, diagnosis may be very difficult. Wandering spleen is most often confused with the left kidney, but may be differentiated by the absence of urinary symptoms, presence of the notch and the possibility of replacement. It lies in front of the gastro-intestinal tract against the anterior abdominal wall. It must sometimes also be differentiated from ovarian tumors, ectopic pregnancy, fibromyoma of the uterus, fecal accumulations and pelvic abscesses.

Treatment.—Mechanical methods are sometimes used, but, as a rule, are unsatisfactory. Murphy suggests the use of the X-ray to reduce the size, followed by a belt and pad. When surgical treatment is resorted to we may choose between splenopexy and splenectomy. According to some authorities fixation should be chosen when the symptoms are mild, while in more severe cases when the organ is diseased it should be removed. The Mayos advocate splenectomy in all cases as splenopexy is often followed by considerable pain and other unfavorable symptoms. Of 43 cases of splenectomy collected from literature by Warren there were only three deaths. Thus it would seem that removal of the spleen is the best course to follow except when contra-indicated by leukemia, infantile splenic anemia, splenomegaly or amyloid disease.

The material for this paper has been collected from the following works:

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